

DHRM – Office of Workers’ Compensation
Agency Contact Addition/Change Form / Request for G2WebLink Access

Please indicate the type of contact / level of G2WebLink access:

Human Resource Contact - Primary (one contact per agency) Backup

This contact will receive all correspondence and communication regarding Workers’ Compensation claims and will have access to all G2WebLink system information on file.

Safety Contact

This contact will receive safety-related correspondence and will have limited access to G2WebLink system information on file excluding access to confidential medical, salary, and payment information on individual claims. Aggregate agency costs are available.

Payroll Contact

This contact will receive all payments and will have limited access to G2WebLink system information on file regarding Workers’ Compensation claims accepted and checks issued only.

Is the new contact replacing an existing contact?* Yes , if so, name _____; No

Name: _____

Title: _____

Agency Name and location: _____

Agency Number _____ Sub-Agency Number (if applicable): _____

Street Address/PO Box: _____

City, State, Zip: _____

E-Mail Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

NEW CONTACT: I understand that information I have access to is confidential personnel information that may only be released under certain circumstances. Prior to the release of any information (including agency staff) I agree that I will review the DHRM Policy 6.05 Personnel Record Disclosure, the Freedom of Information Act, and any agency policy on personnel records disclosure. I agree that I will use this system strictly on a need to know basis in order to complete the duties of my position.

Signature of contact Date

APPROVAL OF ACCESS REQUEST:**

Human Resource Director’s signature Print HR Director’s name (____) _____
Phone number

*** To confirm existing agency contacts and G2WebLink users, contact the Office of Workers’ Compensation at (804) 786-0368 or pgoetz@dhrm.state.va.us.**

**** If you are the HR Director, your Agency Head will be required to sign. If you are a field office HR Director, your agency’s central office HR Director can approve access.**

Fax the completed form to DHRM - Office of Workers’ Compensation: (804) 786-8840. Do not submit the request to your benefit coordinator.